FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # N37328 (4)

1. Corporation Name
CONQUISTADORES OF NORTHWEST FLORIDA, INC.

Principal Place of Business	Mailing Address
501 N FERDON ~~116 COURTHOUSE TER~~ CRESTVIEW FL 32536	~~501 N FERDON~~ ~~116 COURTHOUSE TER~~ CRESTVIEW FL 32536

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3027561 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 P. O. Box 747
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 CRESTVIEW, FLORIDA
Zip 24 / County 25	Zip 29 32536 / County 30 OKALOOSA

9. Name and Address of Current Registered Agent

CAMPBELL, FERRIN C. SR
335 N MAIN ST
CRESTVIEW FL 32536-0846

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D ☐ Change ☒ Addition
NAME	WHITEHURST, GEORGE H.	12 NAME	JACQUELINE CRAIG
STREET ADDRESS	438 W US 90	13 STREET ADDRESS	P.O. BOX 482 (125 PHILLIPS)
CITY ST ZIP	CRESTVIEW FL	14 CITY ST ZIP	CRESTVIEW, FLORIDA 32536
TITLE	~~VD~~	21 TITLE	D ☒ Change ☐ Addition
NAME	BARNHILL, WILLIAM A.	22 NAME	
STREET ADDRESS	POB 146 N/A	23 STREET ADDRESS	
CITY ST ZIP	BAKER FL	24 CITY ST ZIP	
TITLE	~~D~~	31 TITLE	✓ ☒ Change ☐ Addition
NAME	~~LINDSAY, LOUIS W.~~	32 NAME	THOMAS F. SETTLES
STREET ADDRESS	~~116 COURTHOUSE TER~~	33 STREET ADDRESS	P.O. BOX 1981 N/A
CITY ST ZIP	~~CRESTVIEW FL~~	34 CITY ST ZIP	CRESTVIEW, FLORIDA 32536
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	LYNN, ROBERT H.	42 NAME	
STREET ADDRESS	POB 1111 N/A	43 STREET ADDRESS	
CITY ST ZIP	CRESTVIEW FL	44 CITY ST ZIP	
TITLE	~~TD~~	51 TITLE	D ☒ Change ☐ Addition
NAME	CAMPBELL, FERRIN C. SR	52 NAME	
STREET ADDRESS	POB 846 N/A	53 STREET ADDRESS	
CITY ST ZIP	CRESTVIEW FL	54 CITY ST ZIP	
TITLE	~~D~~	61 TITLE	S/T/D ☒ Change ☐ Addition
NAME	~~BRAGE, KEITH~~	62 NAME	HERSELIE D. HENDRIX
STREET ADDRESS	~~5494 MONTERREY RD~~	63 STREET ADDRESS	~~P.O. BOX 941~~ (110 PHILLIPS)
CITY ST ZIP	~~CRESTVIEW FL~~	64 CITY ST ZIP	CRESTVIEW, FLORIDA 32536

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Herselie D. Hendrix 4/29/95 904-682-2054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number
HERSELIE D. HENDRIX

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